



UTAH AMERICORPS ENROLLMENT/ ELIGIBILITY VERIFICATION FORM

Member Information and Verification (To be completed and signed by member at the time service begins.)				
Print name: Last		First	Middle Initial	Maiden Name:
Address (Street name and number)			Apt. #	Date of birth (month/day/year)
City		State	Zip Code	Phone #
Email Address				Social Security #
Emergency Contact Information				
Name:		Relationship to member:		
Phone:		Alternate Phone:		
I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien # A _____)				
Education Requirements Check the box that applies to you: <input type="checkbox"/> I possess a High School Diploma or have earned an equivalency certificate or <input type="checkbox"/> I agree to obtain a high school diploma or its equivalent before using my education award.				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Are you a veteran of the U.S Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you registered to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Not eligible
Background Checks In connection with my service with AmeriCorps and participation in the _____ AmeriCorps program, I hereby authorize the program to conduct a criminal background check on my behalf. I understand that this check will cover a search of law enforcement and court records and a check of the National Sex Offender Public Registry. I understand that my ability to serve as an AmeriCorps member is contingent upon the results of the background check. I understand that failure on my part to consent to the review will result in revocation of any position offered to me or accepted by me. I acknowledge that the results of the Criminal Registry Check may be shared with the appropriate Site Supervisor if necessary. I understand that I am entitled to receive and review the information obtained, upon request. I certify that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in my removal as an AmeriCorps member.				
Privacy Act Information Release (optional) <input type="checkbox"/> Yes, I give the Corporation for National and Community Service permission to release my name, address, email and telephone number to the AmeriCorps alumni association. <input type="checkbox"/> Yes I hereby give permission for the Corporation for National and Community Service and its associated programs to record and photograph my image and/or voice or that of my child for the purposes of publicity, staff training, and/or promotion. I understand and agree that these audio, video, film and or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.				
I understand that a knowing and willful false statement on this form can be punished by one or more of the following: a fine or imprisonment or both under Section 1001 of Title 18, U.S.C., exclusion from participation in federal programs, and forfeiture of benefits I may receive as a result of my enrollment or other actions authorized by the Civil Fraud Remedies Act.				
Member Signature (or parent if under age 18)				Date (month/day/year)

Which best describes your racial or ethnic origins? (optional)		Highest Level of Education	
A. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other		<input type="checkbox"/> Less than high school completed <input type="checkbox"/> GED <input type="checkbox"/> High school graduate <input type="checkbox"/> Technical school/apprenticeship/vocational <input type="checkbox"/> Some college <input type="checkbox"/> Associates degree (AA) <input type="checkbox"/> College graduate <input type="checkbox"/> Some graduate school <input type="checkbox"/> Graduate degree <input type="checkbox"/> Professional degree	
B. Ethnicity <input type="checkbox"/> Hispanic origin <input type="checkbox"/> Not of Hispanic origin			
How did you hear about this program? (Mark all that apply.)			
<input type="checkbox"/> Read about it in an article <input type="checkbox"/> Saw an advertisement in a newspaper/magazine <input type="checkbox"/> Guidance counselor/teacher <input type="checkbox"/> Parent/relative <input type="checkbox"/> Current or former AmeriCorps Member <input type="checkbox"/> Friend told me/friend applied <input type="checkbox"/> Heard about it from an AmeriCorps recruiter/representative		<input type="checkbox"/> Heard about it on TV commercial <input type="checkbox"/> Heard about it on radio commercial <input type="checkbox"/> Heard about it on the internet <input type="checkbox"/> Received information in the mail <input type="checkbox"/> AmeriCorps Program Poster <input type="checkbox"/> Other (Specify: _____)	
Age Requirements To be completed by Program Director or authorized representative. Parent or Legal Guardian authorizing consent must be informed of duties and responsibilities of the AmeriCorps member.			
<input type="checkbox"/> Member is 18 years of age or older			
<input type="checkbox"/> Member is 17 years of age (written consent by parent or legal guardian is required)			
<u>Primary Documentation to Verify Age</u> <i>One of the following forms of identification is acceptable:</i> <ul style="list-style-type: none">• Birth certificate• Drivers License• A report of birth abroad of a US Citizen (FS-240)• A certificate of birth-foreign service (FS-545) Document title: _____ Issuing authority: _____ Document #: _____		<u>Consent by Parent or Legal Guardian</u> <i>Written consent by the person(s) listed below must accompany this form:</i> Name of person(s) _____ giving consent _____ Relationship to member: _____	
CERTIFICATION- I attest under penalty of perjury, that I have examined the document(s) presented by the above named member, that the above listed document(s) appear to be genuine and related to the member named, that the member began service on <i>(month/day/year)</i> ____/____/____ and that to the best of my knowledge the member is eligible to serve in the AmeriCorps program in the United States.			
Signature of Program Director or Authorized Rep.		Print Name	Title
Organization Name		Address <i>(Street Name and Number, City, State, Zip Code)</i>	Date <i>(month/day/year)</i>